

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 085240

FILING DATE

10-26-02

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		1		1		
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11		1		1		
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15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
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50						
TOTAL IND.	11		11			
TOTAL DEP.	11		11			
TOTAL CLAIMS	22		22			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS								